



Application for review of conditions or undertakings

Profession: **Dental**

Section 125 of the Health Practitioner Regulation National Law (the National Law)

This form is for registrants applying for a review of conditions or undertakings that apply to their registration. Under section 125(1) of the National Act, a registered health practitioner may apply to the Dental Board of Australia (the Board):

- to change or remove a condition imposed on the practitioner's registration or endorsement, or
- to change or revoke an undertaking given by the practitioner.

An application cannot be made during a review period applying to the condition or undertaking, unless the practitioner reasonably believes that there has been a material change in the practitioner's circumstances (section 125(2)(a)).

Conditions or undertakings relating to health, conduct or performance imposed by a council or tribunal in New South Wales (NSW) cannot be reviewed by the Board. Any request for review must be directed to the NSW council or tribunal.

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at www.dentalboard.gov.au



This application will not be considered unless it is complete and all supporting documentation has been provided.

Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT** send original documents unless specified.



Do not use staples, glue or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Application inclusions

1. What are you applying for?

Mark all applicable options

- To change a condition on registration or endorsement To change an undertaking
- To remove a condition on registration or endorsement To revoke an undertaking

SECTION B: Personal details



The information items in this section of the application marked with an asterisk (*) will appear on the public register.

2. What is your name and date of birth?



If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board.

For more information, see *Change of name* in the *Information and definitions* section of this form.

Title*

MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth / /



3. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)

VIC NSW QLD SA WA NT TAS ACT

Sex*

MALE FEMALE INTERSEX/INDETERMINATE

Languages spoken other than English (optional)*

4. What is your registration number?

Registration number*

SECTION C: Contact information

5. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours

Mobile

After hours

Email

6. What is your mailing address?



Your mailing address is used for postal correspondence.

Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

My residential address

My principal place of practice

Other (*Provide your mailing address below*)

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town


State or territory (e.g. VIC, ACT)/International province

Postcode/ZIP

Country (if other than Australia)



SECTION D: Current condition(s) or undertaking(s) on registration

 You cannot apply for review during a review period unless you reasonably believe that there has been a material change in your circumstances. This application cannot be used in relation to conditions or undertakings relating to health, conduct or performance that were imposed by a council or tribunal in NSW.


7. What are the current conditions or undertakings on your registration that you are requesting to be reviewed?

Outline relevant conditions or undertakings

.....

.....

.....

 You **must** attach a separate sheet if your relevant conditions and undertakings do not fit in the space provided.


8. What are the current conditions or undertakings on your endorsement that you are requesting to be reviewed?

Outline relevant conditions or undertakings

.....

.....

.....

 You **must** attach a separate sheet if your relevant conditions and undertakings do not fit in the space provided.

9. When were these conditions imposed or undertakings agreed to?

Date imposed


DD / MM / YYYY

10. When is the review date for these conditions or undertakings?

Review date

DD / MM / YYYY

SECTION E: Reasons for your request

 You **must** attach to the application a certified copy of the evidence that you nominate to support the review of the conditions.


11. Why should these condition(s) or undertaking(s) be reviewed?

Reasons for review

.....

.....

.....

 You **must** attach a separate sheet if your reasons do not fit within the space provided.





SECTION F: Obligations and consent



Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
 - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
 - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
 - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
 - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
 - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
 - g) a complaint is made about the practitioner to the following entities—
 - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
 - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
 - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
 - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
 - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
 - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
 - a) a change in the practitioner's principal place of practice;
 - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
 - c) a change in the practitioner's name.

Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
 - a) information about whether the practitioner is employed by another entity;
 - b) if the practitioner is employed by another entity—
 - (i) the name of the practitioner's employer; and
 - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent

I consent to the Board and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I authorise the Board to obtain my criminal history in Australia and overseas.

I understand that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to the Board, and
- information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

I understand AHPRA may verify the accuracy of my registration details, including my date of birth and address, to entities (such as prospective employers) who disclose that information to AHPRA for the purpose of confirming my identity. AHPRA will only do this where the entity seeking the verification has given a legal undertaking they have obtained my consent to this verification.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- **I am aware of my infection status for blood-borne viruses and I will comply with the Communicable Diseases Network Australia's Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Viruses and with the requirements of the Board's Infection Control Guidelines in relation to blood-borne viruses**
- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in the attached documents.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

Signature of applicant



SIGN HERE

Name of applicant

Date

 / /



SECTION G: Checklist

Have the following items been attached or arranged, if required?

| <i>Additional documentation</i> | | Attached |
|---------------------------------|--|--------------------------|
| Question 2 | Evidence of a change of name | <input type="checkbox"/> |
| Question 7 | A separate sheet with additional conditions and undertakings relevant to your registration | <input type="checkbox"/> |
| Question 8 | A separate sheet with additional conditions and undertakings relevant to your endorsement | <input type="checkbox"/> |
| Section E | Certified copies of evidence that you nominate to support the review of the conditions | <input type="checkbox"/> |
| Question 11 | A separate sheet with your reasons | <input type="checkbox"/> |

Please post this form with required attachments to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

You may contact AHPRA on
 1300 419 495 or you can lodge an enquiry
 at www.ahpra.gov.au

| | | | |
|------------------|-------------------|--------------------|-------------------|
| Sydney NSW 2001 | Canberra ACT 2601 | Melbourne VIC 3001 | Brisbane QLD 4001 |
| Adelaide SA 5001 | Perth WA 6001 | Hobart TAS 7001 | Darwin NT 0801 |

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

INFECTION CONTROL

When applying for, and at renewal of, registration you are required to make a declaration that you are aware of your infection status for blood-borne viruses and that you will comply with the *Communicable Diseases Network Australia's Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Viruses* and with the requirements of the Board's guidelines on infection control.

For more information, view the full guideline online at www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines